

PROPOSAL CERTIFICATION

The undersigned proposes to contract with the Michigan State Housing Development Authority to provide services for Compliance Monitoring of Rental Housing in accordance with the foregoing Request for Proposal and this Proposal Certification.

1. BY SUBMISSION OF THE ATTACHED PROPOSAL, THE UNDERSIGNED:

- 1.1 The price of this proposal has been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition.
- 1.2 No attempt has been made, nor will any attempt be made, by the Undersigned to induce any other person or firm to submit a proposal for the purpose of restricting competition.
- 1.3 The person signing this proposal certifies that he/she is authorized to represent the company, institution or agency and is legally responsible for the decision as to the price and supporting documentation provided as a result of this advertisement.
- 1.4 The undersigned will comply with all applicable Federal and State rules and regulations, policies, guidelines and requirements.
- 1.5 Proposed fees included in this Proposal have not been knowingly disclosed by the Undersigned and will not be disclosed prior to award to any potential bidder.

2. Designated Contact Personnel:

Name: _____

Title: _____

Function(s): _____

Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

Designated Contact Personnel:

Name: _____

Title: _____

Function(s): _____

Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

3. Taxpayer Identification Information:

3.1 Is your firm incorporated? _____Yes _____No

3.2 What is your taxpayer identification number?

Tax ID Number is: _____

Employer Identification Number is: _____

(Company, Institution, or Agency Name)

(Telephone Number)

(Street Address/Post Office Box)

(Name of Authorized Representative)
(Typed)

(City, State & Zip Code)

(Authorized Signature)

(Date)

4. OWNERSHIP AND CONTROL (if applicable):

The Undersigned's Legal Structure:

_____ Sole Proprietorship _____ General Partnership
_____ Corporation _____ Limited Partnership
_____ Limited Liability _____ Other _____

If the Undersigned is a sole proprietorship list:

Owner Name: _____

Mailing Address: _____

City: _____

Employer Identification Number: _____

Beginning date as owner of sole proprietorship: _____

Provide the names of all individuals authorized to sign for the Undersigned:

Name (printed or typed)	Title
_____	_____
_____	_____
_____	_____

VERIFICATION

I certify under penalty of perjury, that I am a responsible officer/official (as identified above) for the business entity, the institution or the agency described above as the Undersigned, that I have personally examined and am familiar with the information submitted in this disclosure and all attachments, and that the information is true, accurate, and complete.

(Signature)

(Name and Title) (Typed or Printed)

Date: _____